

1057 U.S. PTO
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12-20-01

PTO/SB/05 (11-00)

Approved for use through 10/31/2002 OMB 0651-0032

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A

UTILITY

PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No 7784-000239

First Inventor McLain et al

Title Method and Apparatus Using Variations In Power Modulation To Determine An Interfering Mobile Terminal

Express Mail Label No. EL623561787US

10/12/2001
12/17/01

APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP chapter 600 concerning utility patent application contents		Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(If applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 25] <i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure 		a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATIONS PARTS			
9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input checked="" type="checkbox"/> Power of <i>(when there is an assignee)</i> Attorney			
11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations			
13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No _____ / _____
Prior application information: Examiner _____ Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

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City	Bloomfield Hills	State	MI	Zip Code	48303
Country	United States of America	Telephone	248-641-1600		Fax 248-641-0270

Name (Print/Type)	Mark D. Elchuk	Registration No. (Attorney/Agent)	33,686
Signature			Date December 17, 2001

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FEE TRANSMITTAL for FY 2002

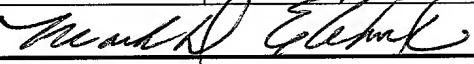
Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 780)

Complete if Known	
Application Number	not assigned
Filing Date	not assigned
First Named Inventor	McLain et al
Examiner Name	not assigned
Group / Art Unit	not assigned
Attorney Docket No	7784-000239

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 08-0750				3. ADDITIONAL FEES Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid 105 130 205 65 Surcharge - late filing fee or oath 127 50 227 25 Surcharge - late provisional filing fee or cover sheet. 139 130 139 130 Non-English specification 147 2,520 147 2,520 For filing a request for reexamination 112 920* 112 920* Requesting publication of SIR prior to Examiner action 113 1,840* 113 1,840* Requesting publication of SIR after Examiner action 115 110 215 55 Extension for reply within first month 116 400 216 200 Extension for reply within second month 117 920 217 460 Extension for reply within third month 118 1,440 218 720 Extension for reply within fourth month 128 1,960 228 980 Extension for reply within fifth month 119 320 219 160 Notice of Appeal 120 320 220 160 Filing a brief in support of an appeal 121 280 221 140 Request for oral hearing 138 1,510 138 1,510 Petition to institute a public use proceeding 140 110 240 55 Petition to revive - unavoidable 141 1,280 241 640 Petition to revive - unintentional 142 1,280 242 640 Utility issue fee (or reissue) 143 460 243 230 Design issue fee 144 620 244 310 Plant issue fee 122 130 122 130 Petitions to the Commissioner 123 50 123 50 Processing fee under 37 CFR 1.17 (q) 126 180 126 180 Submission of Information Disclosure Stmt 581 40 581 40 Recording each patent assignment per property (times number of properties) 40 146 740 246 370 Filing a submission after final rejection (37 CFR § 1.129(a)) 149 740 249 370 For each additional invention to be examined (37 CFR § 1.129(b)) 179 740 279 370 Request for Continued Examination (RCE) 169 900 169 900 Request for expedited examination of a design application Other fee (specify) _____			
2. Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
1. BASIC FILING FEE Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description Fee Paid 101 740 201 370 Utility filing fee 740 106 330 206 165 Design filing fee 107 510 207 255 Plant filing fee 108 740 208 370 Reissue filing fee 114 160 214 80 Provisional filing fee							
SUBTOTAL (1) (\$ 740)							
2. EXTRA CLAIM FEES Total Claims: 13 -20 ** = 0 X _____ = 0 Independent Claims: 3 -3 ** = 0 X _____ = 0 Multiple Dependent: X _____ = 0							
Large Entity Small Entity Fee Code Fee (\$) Fee Code Fee (\$) Fee Description 103 18 203 9 Claims in excess of 20 102 84 202 42 Independent claims in excess of 3 104 280 204 140 Multiple dependent claim, if not paid 109 84 209 42 ** Reissue independent claims over original patent 110 18 210 9 ** Reissue claims in excess of 20 and over original patent							
SUBTOTAL (2) (\$ 0)							
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Mark D. Elchuk	Registration No. Attorney/Agent)	33,686
Signature			Date December 17, 2001

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